

County: Eau Claire  
 FAIRCHILD HEALTHCARE CENTER, INC.  
 331 NORTH STREET, P. O. BOX 99

Facility ID: 3300

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FAIRCHILD 54741 Phone: (715) 334-4311  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 47  
 Total Licensed Bed Capacity (12/31/01): 48  
 Number of Residents on 12/31/01: 32

Ownership:  
 Highest Level License:  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 36

Corporation  
 Skilled

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		12.5
Supp. Home Care-Personal Care	No					1 - 4 Years		40.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.1	More Than 4 Years		46.9
Day Services	No	Mental Illness (Org./Psy)	34.4	65 - 74	15.6			-----
Respite Care	No	Mental Illness (Other)	15.6	75 - 84	31.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	15.6	65 & Over	96.9	-----		
Transportation	No	Cerebrovascular	15.6		-----	RNs		13.4
Referral Service	No	Diabetes	9.4	Sex	%	LPNs		9.8
Other Services	Yes	Respiratory	6.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	3.1	Male	50.0	Aides, & Orderlies		
Mentally Ill	No		-----	Female	50.0			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

	Medi care (Title 18)			Medi cal d (Title 19)			Other		Private Pay			Fami ly Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	1	4.2	122	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	3.1
Skilled Care	0	0.0	0	23	95.8	125	1	100.0	109	7	100.0	112	0	0.0	0	0	0.0	0	31	96.9
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		24	100.0		1	100.0		7	100.0		0	0.0		0	0.0		32	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	11.1	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	5.6	Bathing	9.4	31.3	59.4	32
Other Nursing Homes	0.0	Dressing	15.6	56.3	28.1	32
Acute Care Hospitals	83.3	Transferring	40.6	25.0	34.4	32
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	25.0	40.6	34.4	32
Rehabilitation Hospitals	0.0	Eating	65.6	12.5	21.9	32
Other Locations	0.0	*****				
Total Number of Admissions	18	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	9.4	Receiving Respiratory Care		15.6
Private Home/No Home Health	11.5	Occ/Freq. Incontinent of Bladder	43.8	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	15.4	Occ/Freq. Incontinent of Bowel	31.3	Receiving Suctioning		0.0
Other Nursing Homes	15.4			Receiving Ostomy Care		6.3
Acute Care Hospitals	23.1	Mobility		Receiving Tube Feeding		3.1
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.1	Receiving Mechanically Altered Diets		53.1
Rehabilitation Hospitals	0.0					
Other Locations	3.8	Skin Care		Other Resident Characteristics		
Deaths	30.8	With Pressure Sores	3.1	Have Advance Directives		53.1
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	26			Receiving Psychoactive Drugs		71.9

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Peer Group	Ratio	Bed Size: Under 50	Peer Group	Licensure: Skilled	Peer Group	All Facilities	Ratio
	%	%		%	Ratio	%	Ratio	%	
Occupancy Rate: Average Daily Census/Licensed Beds	75.0	82.7	0.91	83.8	0.89	84.3	0.89	84.6	0.89
Current Residents from In-County	59.4	82.1	0.72	74.6	0.80	82.7	0.72	77.0	0.77
Admissions from In-County, Still Residing	16.7	18.6	0.89	33.2	0.50	21.6	0.77	20.8	0.80
Admissions/Average Daily Census	50.0	178.7	0.28	75.3	0.66	137.9	0.36	128.9	0.39
Discharges/Average Daily Census	72.2	179.9	0.40	77.3	0.93	139.0	0.52	130.0	0.56
Discharges To Private Residence/Average Daily Census	19.4	76.7	0.25	15.9	1.22	55.2	0.35	52.8	0.37
Residents Receiving Skilled Care	100	93.6	1.07	91.2	1.10	91.8	1.09	85.3	1.17
Residents Aged 65 and Older	96.9	93.4	1.04	97.7	0.99	92.5	1.05	87.5	1.11
Title 19 (Medicaid) Funded Residents	75.0	63.4	1.18	60.7	1.23	64.3	1.17	68.7	1.09
Private Pay Funded Residents	21.9	23.0	0.95	36.2	0.60	25.6	0.86	22.0	0.99
Developmentally Disabled Residents	0.0	0.7	0.00	1.4	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	50.0	30.1	1.66	33.9	1.48	37.4	1.34	33.8	1.48
General Medical Service Residents	3.1	23.3	0.13	24.3	0.13	21.2	0.15	19.4	0.16
Impaired ADL (Mean)	52.5	48.6	1.08	51.1	1.03	49.6	1.06	49.3	1.07
Psychological Problems	71.9	50.3	1.43	58.2	1.24	54.1	1.33	51.9	1.39
Nursing Care Required (Mean)	10.2	6.2	1.64	7.0	1.45	6.5	1.56	7.3	1.38